

## DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"Methods of Use of Antimicrobial Compounds Against Pathogenic Mycoplasma Bacteria"

the specification of which (check one)

☐ is attached hereto.

☒ was filed on September 21, 1999 as Serial No. 09/399,855  
and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or Inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Number	Country	Filing Date	Priority Claimed
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I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below.

Application Number	Filing Date
60/141,455	June 29, 1999

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) or Section 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Serial No.	Filing Date	Status
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I hereby appoint the practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that Customer Number:

Customer Number 20462.

Address all correspondence and telephone calls to Edward R. Gimmi, SmithKline Beecham Corporation, Corporate Intellectual Property-U.S., UW2220, P.O. Box 1539, King of Prussia, Pennsylvania 19406-0939, whose telephone number is 610-270-4478.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Donna M. Crabb

Inventor's Signature: Donna M Crabb Date: 1/18/00

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Inventor's Signature: Lynn B. Duffy Date: 1/18/00

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Inventor's Signature: Karen B. Searcy Date: 1/18/00

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Table 1. Demographic characteristics of the study population	
Characteristic	Frequency (%)
Age (years)	
< 18	10 (10.0)
18-24	25 (25.0)
25-34	30 (30.0)
35-44	20 (20.0)
45-54	15 (15.0)
55-64	10 (10.0)
65-74	5 (5.0)
≥ 75	5 (5.0)
Gender	
Male	45 (45.0)
Female	45 (45.0)
Ethnicity	
White	30 (30.0)
Black	15 (15.0)
Hispanic	10 (10.0)
Asian	5 (5.0)
Other	5 (5.0)
Marital status	
Married	30 (30.0)
Single	15 (15.0)
Divorced	10 (10.0)
Widowed	5 (5.0)
Never married	5 (5.0)
Education level	
High school or less	15 (15.0)
Some college	10 (10.0)
Bachelor's degree	15 (15.0)
Master's degree	5 (5.0)
PhD	5 (5.0)
Other	5 (5.0)
Income level	
< \$10,000	10 (10.0)
\$10,000-\$20,000	15 (15.0)
\$20,000-\$30,000	10 (10.0)
\$30,000-\$40,000	10 (10.0)
\$40,000-\$50,000	10 (10.0)
\$50,000-\$60,000	5 (5.0)
\$60,000-\$70,000	5 (5.0)
\$70,000-\$80,000	5 (5.0)
\$80,000-\$90,000	5 (5.0)
\$90,000-\$100,000	5 (5.0)
> \$100,000	5 (5.0)
Health insurance	
Medicare	10 (10.0)
Medicaid	10 (10.0)
Private	10 (10.0)
Other	5 (5.0)
Uninsured	5 (5.0)
Employment status	
Employed	10 (10.0)
Unemployed	10 (10.0)
Retired	10 (10.0)
Disabled	5 (5.0)
Other	5 (5.0)